2022 Quality Improvement Work Plan

Sponsor	Business Owner	QI Activity/Initiatve	Goal/Justification	Q1, 2022	Q2, 2022	Q3, 2022	Q4, 2022	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	**Annual QI Program Evaluation**	Conduct an annual written evaluation of the QI program that includes: 1. A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service 2. Trending of measures to assess performance in the quality and safety of clinical care and quality of service 3. Analysis and evaluation of the overall effectiveness of the QI program and of its progress toward influencing network wide safe clinical practices	2021 Program Eval, 2022 Program Description and Work Plan under development to present at April 28, HCQC meeting.	Present Trilogy Documents at April 28, HCQC meeting.	On Track	Initial Planning for 2023 Documents AAH will insource M2M / ASD 4/1/23 Elements of the BH program will be added into the Draft QIPD Q1, 2023	All Sub-Committees and HCQC	Q2 2023	AAH will insource BH 4/1/23

Quality of Care

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Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	**HEDIS Rates MY 2022 - Continuation**	Increase the HEDIS AQFS rate by 1% 2021-2022 season	Final DHCS HEDIS results expected in Q3; 2021 AQFS Scores will not be release according to DHCS 2/2 to the pandemic. Will continue to monitor notificatications and guidance regarding cumuluative scores.	HEDIS 2021 rates reviewed by auditors, finalized and submitted in IDSS. Final DHCS HEDIS 2021 results expected in Q3; . Will continue to monitor notificatications and guidance regarding cumuluative scores.	Final 2021 HEDIS results show AAH meeting Minimum Performance Level (MPL) on 12 out of 15 measures held to MPL in 2021. Data shows significant improvement in 6 measures held to MPL over 2020 rates.	Preliminary 2022 HEDIS rates based on admin data show AAH above MPL on 7 of 15 measures. Furthermore, we see an increase in 2 of the 3 areas we were below MPL in 2021. 2021 AQFS scores show AAH at 74.67% which is an improvement from MY2018, the last year DHCS reported AQFS scores.Based on the 2021 AQFS scores we meet the 1% increase goal over previous years.	Internal Quality Improvement Committee Health Care Quality Committee	7/29/2022	Due to the pandemic AAH saw a steep decline in HEDIS scores in 2019/2020.
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	**HEDIS Retrieval and Overreads MY 2021**	Alongside the analytics team, provide HEDIS support related to medical record retrieval, abstraction, and overreads. The goal is to overread 20% of the abstracted charts for the hybrid measures.	82.1% of retrievals are completed. 3,369 out of 4,102 records is retrieved and closed out.	100% of the retrieval and overreads completed for MY 2021	Support for overread for HEDIS 2022 will depend on staffing and passing the exam to conduct overreads	The Quality Team, will support HEDS record retrieval and overreads, the process will begin late February through April.	Internal Quality Improvement Committee	5/02/2022	
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. Medical Director Name: Sanjay Bhatt	**Pay For Performance (P4P) 2023 Continuation**	Incentives providers to improve care on P4P measures with quarterly QI oversite via JOM data sharing and identification of barriers and opportunities for improvement.	On Track	On Track	QI and Analytics began weekly meetings to determine what measures will be included in the P4P program and points allocated to each measure	P4P measures finalized, program guides printed for distribution. Meetings and webinars conducted/scheduled to take place with delegates/direct providers.	Health Care Quality Committee	12/2022	The P4P program has been a successful tool used to support providers improve HEDIS rates
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	**QI PDSA Cycle Training Continuation**	Provide support and training to all divisions within HCS to utilize the PDSA performance improvement model to develop and evaluate quality improvement projects	Develop training to cover PDSA performance improvement model in depth, with the goal to offer training to the QI dept Q2	Due to staffing changes training for QI team has been delayed to Q3 and training for QI dept will take place Q4	training scheduled once a week in the month of October/November	Training completed in the month of October/November. Over 30 staff in attendence from QI and BH dept.	All Sub-Committees	6/30/2022	As quality improvement (QI) projects spread throughout the Health Care Service team, it is essential that all staff have an understanding of the PDSA model for improvement. The model provides a vehical to drive QI projects

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Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	**Priority PIP/PNA: Improve Well-Child Visits (WCV) Continuation**	By December 31, 2022, use key driver diagram inteventions to increase the percentage of WCV admin visit rae for Dr. Rhodora De La Cruz from 40.94% to 45%	Formed partnership with Dr. De La Cruz. Received DHCS approval for incentive. Sent birthday card to C&O for approval and mailing in Q2.	Birthday card mailers went out in May. Dr. De La Cruz is making outreach calls to members who received a birthday card and providing gift cards for completed well visits	As of July 413 birthday cards were mailed out and 40 well visits have been completed	AAH mailed out 971 birthday cards and provided 70 incentives to members.	Internal Quality Improvement Committee	12/31/2022	PIP's are state mandated improvement projects, which carries into year two.
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	**QIP #1: Improve BP <140/90 rates in CHCN Members**	In partnership with Asian Health Services increase BP Controlled to <140//90 from 68.81% to 75.0% by December 31 , 2022	The project will start in Q2 with budget approval for BP cuffs.	Budget approved. Communication to provider will go out late June.	On-hold due to Medi-Cal coverage of BP monitors; working with UM and Pharmacy to better understand the coverage of e-bp cuffs	AAH provided CHCN funding to support in home BP monitoring and system integraton. BP projects are due to start in 2023	Internal Quality Improvement Committee	12/31/2022	
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	**QIP #2: Improve Well-Child Visits 30 (WCV) in CFMG members Continuation**	In partnership with CFMG we will improve Well Child rates by December 31, 2022 as follows: - W30 (0-15 mo) 24.48 % to 30.00% - W30 (15 - 30 mo) 61.18 % to 70.67%	Closed out 2021 text campaign with CFMG.	Meeting setup with CFMG 4/8/22 to discuss the continuation of text messaging campaign	CFMG was approved for 100k for 2022-23 to continue text messages campaign. Jan - July 2022 results - 30, 912 AAH members were sent a text - 1.54% response rate was reported - 12.61% members responded with an apt completed or scheduled	Jan - Aug 2022 results - 48,294 AAH members were sent a text -1.50% response rate was reported -15.50% members responded with and apt completed or scheduled	Internal Quality Improvement Committee	12/31/2022	The Alliance continues to see declining rates for WCV 0-30 months, due to the pandemic.
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	**PIP/PNA: Improve Breast Cancer Screening (BCS) rates in African American women between the ages of 52 - 74.**	To address the disparity that exists with BCS, by December 31, 2022, increase the percentage of breast cancer screenings among African American women between the ages of 52 and 74, from 46.76% to 53.76%.	The Alliance formed partnership with Lifelong, a clinic with a large African American population with low BCS rates. AAH received approval from DHCS for incentive project Lifelong begun sending out text messages and offering incentives.	Lifelong continues to outreach and offer incentive to members for completing breast cancer screening. AAH mails out the incentive to members based on reports received from Lifelong.	As of July 2022 68 women have completed a breast cancer screening.	Through the program 145 woment completed breast cancer screening.	Internal Quality Improvement Committee	12/31/2022	
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	**QIP 4: Improve A1c Poor Control (>9%) rates in Eastmont Wellness Center from 44.88% to 43.19% by**	In partnership with Eastmont Wellness Center improve A1c Poor Control (>9%) rates from 44.88% to MPL 43.19% by December 31, 2022.	Formed partnership with Eastmont Wellness Center, a AHS clinic performing below the MPL for A1c.	Scheduled meetings to discuss intervention and discuss testing small at Eastmont with the goal of spreading successful intervention to other sites.	Working with Eastmont on a member outreach and incentive. Eastmont requesting a $25 gift card incentive for members who complete A1C screening. We do have state approval on this.	Through member outreach and incentive Eastmont Wellness completed 6 A1c test and brough members in for follow-up visit.	Internal Quality Improvement Committee	12/31/2022	

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Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	**QIP #5/PNA: Improve Colon Cancer Screening Rates in West Oakland Health Center members Continuation**	Close the disparity gap for Black (African American) males, ages of 50-75, who have not received a colon cancer screening or colonoscopy exam during 2021 that are patients at West Oakland Health Center. Improve the health of our patients by increasing the percentage of colorectal cancer screening completed for eligible patients by 3% moving from the MY2021 rate of 31.97% to 37.10% in MY 2022.	This is a continuation of 2021 project. Provided additional gift cards to health center. West Oakland is continuing to outreach and offer incentive. West Oakland increased rates from 31.97% MY2021 to 32.20 through Feburary.	Provider is continuing outreach efforts and offering incentive with the completion of colon screening exam.	Provider is continuing outreach efforts and offering incentive with the completion of colon screening exam. Between Jan - Jun, 33 members assinged to West Oakland completed a colon screenig exam	Provider contined to outreach and offer incentive. 49 members completed screening through this program. Some of the barriers included members reluctance to mail back or drop off lab specimen or lab specimen was not collect correctly or timed out.	Internal Quality Improvement Committee	12/31/2022	African American and LatinX males have one of the highest rates of colon cancer when compared to other ethicities. This projects allows us to have continued focus on improving screening rates amongst the vulnerable population.
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	**QIP #6: Improve Cervical Cancer Screening Rate for women 21-64 years from __to ____?**	No Update	On Track	On Track	Develop a birthday card with a reminder message to complete CCS. Offer one group an incentive and conduct a control study with a separate group without incentive. Birthday card is in the process of approval Working on securing provider partnership	Birthday card is still pending state approval. While the birthday card project was delayed, QI Team partnered with BACH, a high volume, low performing provider conducted Saturday clinica and outreach and member incentive. In 2022 100 members completed a CCS through this project.	Internal Quality Improvement Committee	12/31/2022	
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	**Increase EPSDT Service Utilization Continuation**	In partnership with First 5 iImprove the Plan's pediatric population timely access to EPSDT care and screenings.	In the process of developing goals with Alameda County First Five (ACF5)	AAH and First 5 agreed on goals. Budget approved. Gap and care reports provided to First 5 to begin outreach in July.	First 5 began member outreach as of July 1, 2022	First 5 continues to make outreach calls to members 0-5 years ole. From July - September 2022 First 5 coordinated care for 23 members identified with a need to a health plan or early intervention services.	Internal Quality Improvement Committee	12/31/2022	Approxamtely 50% off all children, 75% African American & LatinX children in Calfornia are on Medi-cal. Health disparities and inequities are amongst the hightest in this population. This project foces on improving access to children services to improve health outcomes.
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	**Increase Pediatric Care Coordination Continuation**	In partnership with First 5 improve the Plan's pediatric population care coordination and referral service process via Case Management and coordination with PCP, Spec., CCS, Regional Center.	In the process of developing goals with Alameda County First Five (ACF5)	AAH and First 5 agreed on goals. Budget approved. Gap and care reports provided to First 5 to begin outreach in July.	First 5 began member outreach as of July 1, 2023	First 5 continues to make outreach calls to members 0-5 years ole. From July - September 2022 First 5 coordinated care for 23 members identified with a need to a health plan or early intervention services.	Internal Quality Improvement Committee Health Care Quality Committee	12/31/2022	Approxamtely 50% off all children, 75% African American & LatinX children in Calfornia are on Medi-cal. Health disparities and inequities are amongst the hightest in this population. This project foces on improving access to children services to improve health outcomes.

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Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	**Pediatric Care Management Program Phase 3 Continuation**	In partnership with First 5 and collaboration with UM/CM iImprove the Plan's pediatric population timely access for HEDIS WCV and EPSDT care and screenings. Quarterly review of direct providers/delegate HEDIS rates for WCV and referrals. Monitor First 5 progress to goal.	In the process of developing goals with Alameda County First Five (ACF5)	AAH and First 5 agreed on goals. Budget approved. Gap and care reports provided to First 5 to begin outreach in July.	First 5 began member outreach as of July 1, 2024	First 5 continues to make outreach calls to members 0-5 years ole. From July - September 2022 First 5 coordinated care for 23 members identified with a need to a health plan or early intervention services.	Internal Quality Improvement Committee	6/30/2022	Approxamtely 50% off all children, 75% African American & LatinX children in Calfornia are on Medi-cal. Health disparities and inequities are amongst the hightest in this population. This project foces on improving access to children services to improve health outcomes.
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	**Under Utilization**	Increase outreach efforts to AAH members who are non/under utilizers with the following goals: - Ensure 100% of non/under utilizers are assigned to a PCP -Outreach to 30% of the members	Identify percent of members who are non/under utilizers	Identified the group Xaqt as our chosen vendor. Defined a workgroup that will work through logisitics and also determine the appropriate message. Also working with analytics on reports to monitor progress.	Working on text messaging script and state approval.	Pending state approval for script to conduct IVR calls	Internal Quality Improvement Committee	12/31/2022	

Population Health Management

Sponsor	Business Owner	Topic	Goal	Q1, 2022	Q2, 2022	Q3, 2022	Q4, 2022	Subcommittee	Projected Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Population Health Management - DHCS Readiness**	Submit DHCS PHM Readiness Submission.	N/A	Reviewed draft of DHCS PHM Program.	Identifed a consultant Work with PMO. Gap Analysis (done by Grace) Set to submit PHM Readiness deliverable to state on 10/21/2022. Collaborative effort to develop new risk stratification strategy. Began plans for roll out of CHW integration into PHM.	Submited PHM Readiness deliverable to DHCS on 10/21/2022. DHCS PHM Readines submission approved by DHCS in December, 2022.	Internal Quality Improvement Committee Health Care Quality Committee	4/28/2022	
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Population Health Management - NCQA Readiness**	Maintain NCQA Accredition for Population Health Management in Medi-Cal and Group Care product lines.	N/A	Submissions completed by due date for NCQA Audit.	NCQA plan accreditation renewed.	Completed in Q3	Internal Quality Improvement Committee Health Care Quality Committee	4/28/2022	

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Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Population Health Management - PHM Strategy Document**	Maintain and update an cohesive plan of action that addresses the Alliance member/population needs across the continuum of care.	Update to PHM Program Strategy document to include current member demographics, member interventions, Coordination of Member Programs via TOC and CM, Complex and Enhanced Case Management Goals and objectives and planned activities for implementation. Will present at April HCQC.	Approved at April 28, HCQC meeting.	Completed in Q2	Completed in Q2	Internal Quality Improvement Committee Health Care Quality Committee	4/28/2022	
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Population Health Management - PHM Evaluation Document**	Conduct yearly impact analysis of the PHM Strategy according to NCQA (Group Care and Meedi-Cal) and DHCS (Medi-Cal) guidelines and implement activities to address findings.	Completed impact analysis of PHM 2021 Strategy and identified three areas to address.	Approved at April 28, HCQC Meeting	Completed in Q2	Completed in Q2	Internal Quality Improvement Committee Health Care Quality Committee	4/28/2022	
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Population Health Management - Population Assessment**	Conduct annual population health asssessment according to NCQA (Group Care and Medi-Cal) and DHCS (Medi-Cal) guidelines including a gap analysis.	Completed PNA for 2022 and supplemented findings with assessment summaries included in the PHM strategy.	Presented at 4/28/2022 HCQC Meeting.	Presented 9/15/2022 at Member Advisory Committee meeting.	Completed in Q3	Internal Quality Improvement Committee Health Care Quality Committee	4/28/2022	
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Population Health Management - PHM Workgroup / Committee**	Define place within organizational structure, charter, participants and schedule schedule for Popuulation Health Management Workgroup/Committee meetings.	Begin in Q3.	Begin in !3.	Received feedback from Compliance and CMO on committee structure. Will continue as group, not formal committee.	Discontinue objective.	Internal Quality Improvement Committee Health Care Quality Committee	4/28/2022	
Quality of Service									4/28/2022	
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Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	**QIP #4: IHA Audit**	Audit a minimum of 30 records to ensure all six components of the IHA is completed by the provider. Educate members on completion of IHA	Provider education via provider packets on the revision of DHCS APL 20-004 to once again begin completing IHA for newly enrolled members. Submitted IHA gap reports to provider to identify members who require completion of IHA.	On Track	Identify requested MRs for review. Sent out request for files.	31 patient charts were reviewed for 5 elements of IHA, Comprehensive History, Review of Organ System, Comprehensive Physical & Mental Exam, Diagnoses & Plan of Care, SHA/HEBA. Audit resutls show most elements are completed under the IHA, with the SHA/HEBA the most missed element. SHA/HEBA is no longer required element of IHA, as of Janauray 2023.	Internal Quality Improvement Committee Health Care Quality Committee	12/31/2022	
Safety of Care										

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Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	**QIP #5: Opioid / SUD - Continuation**	Goal 1: Between 1/1/22 and 12/31/22, educate 100% of chronic opioid users on health habits, management of chronic pain, and alternative therapy and care (on between 120MME and 300 MME (morphine milligram equivalents) daily). Goal 2: By 12/31/22, educate 100% of opioid users at risk of becoming chronic users (i.e., 90 to 120 MME/day).	Goal 1 and Goal 2: QI mailed member educational materials -30 Chronic risk members (>120 MME) -41 Rising risk members (50-119 MME) -Mailing completed on 4/2022 Project transistion to new QI staff	Goal 1 and Goal 2: Pharmacy submitted smartsheet to analytics to automate member mailings.	Goal 1 and Goal 2: On Track. Mailing went out in Q1.	Goal 1: Completed Goal 2: Completed	Internal Quality Improvement Committee Health Care Quality Committee	Q2	
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	**QIP #5: Opioid / SUD - Continuation**	Goal 3: Refer 100% of member on greater than 300 MME/day to the Alliance Case Management program. Goal 4: Between 1/1/22 and 12/31/22, educate 100% of the providers who are assigned members that utilize high dose opioids (>300MME) and who are presenting to the Emergency Department with opioid and / or benzodiazepine overdose. Goal 5: Between 1/1/22 and 12/31/22, ensure that 100% of members (>300MME) and providers (of members on >300MME) with ongoing use of opioids follow the SUD Escalation Process.	Goal 3: On Track Goal 4: On Track Goal 5: On Track	Goal 3: On Track Goal 4: Pharmacy submitted smartsheet to analytics to automate provider mailings. Request was delayed due to audits. Goal 5: On Track	Goal 3: There are total of 8 members in 7/2022 that are on >300 MME. Four members has cancer, sickle cell anemia, hospice/palliative. Members without cancer, sickle cell, anemia, hospice/palliative care will be referred to CM/DM. Directors will continue discussion. Goal 4: Met with analytics to create a mailing list. Tentative mailing date end of Q3 to Q4. Goal 5: Team just started the building automated mailing process to providers and mailing. QI and pharmacy will look at escalation process to refine and retune once we get more data points to determine the efficacy of our outreach.	Goal 3: Meeting with CM; CM does not currently have the capacity to enroll these members in CCM / ECM Goal 4: Completed Goal 5: Completed though noted that provider reception has been variable	Internal Quality Improvement Committee Health Care Quality Committee	Q2	

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Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: QI Manager Name: Farashta Zainal	**Blood Lead Level Screening**	Ensure that all of their network providers who perform Periodic Health Assessments (PHAs) on child members between the ages of six months to six years (i.e. 72 months) comply with current federal and state laws, and industry guidelines for health care providers issued by the Childhood Lead Poisoning Prevention Branch (CLPPB), including any future updates or amendments to these laws and guidelines. EPSDT Service	Provider gap-in-care reports available on the provider portal	Provider gap-in-care reports available on the provider portal	Provider gap-in-care reports available on the provider portal. Include in the provider quarterly packet education letter on blood lead screening in children.	On Track Awaiting claims completion prior to DHCS data Submission	Internal Quality Improvement Committee Health Care Quality Committee	30th day of each calendar month	
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. Medical Director Name: Sanjay Bhatt	**Potential Quality Issues (PQIs) Continuation- Quarterly**	Monitor, evaluate, and take effective action to address any needed improvements in the quality of care delivered by all providers rendering services on behalf of the Alliance in any setting along with internal data validation.	Q3 Audit results presented at IQIC 3/2/2022 Case Files Reviewed Volume QOS = 50 QOA = 37 Compliance Rate: 100 % Goal: ≥90% Goal exceeded 4/4 RN Reviewers	Conduct Q4 2021 and Q1 2022 Audits for reporting at June IQIC	Presented Q3-Q4 2021 at IQIC Oct 2022--next due Jan 2023 (Q1 2022)	Q1-Q4 2022 audit report presented at IQIC: RN QOS/QOA cases-QOC case audits performed by QI Senior Medical Director	Internal Quality Improvement Committee Access to Care Sub-Committee Health Care Quality Committee	6/15/2022	
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. Medical Director Name: Sanjay Bhatt	**Exempt Grievances Auditing- Biannual**	Ensure clinical monitoring of Exempt Grievences for Quality of Care issues per P&P QI-104	Data collection Q3 and Q4 reporting deferred to Q2 2023 reporting via IQIC 3/2/2022	Report Q3 and Q4 2022 at June IQIC meeting	Reported Q4 2021-Q1 2022 at Aug 2022 IQIC- next due Jan 2023 for	On track	Internal Quality Improvement Committee Access to Care Sub-Committee Health Care Quality Committee	6/15/2022	
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. Medical Director Name: Sanjay Bhatt	**Potential Quality Issues (PQIs) Annual Training**	Plan provides documented evidence of ongoing clinical training by clinical staff for both new and seasoned customer service staff who serve as the front-line entry for the intake of all potential qualtiy of care grievances	No activity	Training developed; dates being scheduled	PQI training conducted in Oct 2022- PQI criteria reviewed with MSD/G&A and company-wide training performed remotely	Training completed in Nov/Dec 2022	Internal Quality Improvement Committee Access to Care Sub-Committee Health Care Quality Committee	End of Q4	
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Access to Care Manager Name: Loc Tran	**Facility Site Review (FSR) Continuation**	Develop a strategy to ensure back up staff to complete FSR/MRR provider office audits for member safety.	On Track	Discussion with FSR Nurse and Sr QI Director plans for additional staff for LTC and possible cross training of LTC staff.	FSR discussed additional staffing for LTC and possible cross training.	On Track	Access to Care Sub-Committee Health Care Quality Committee	End of Q4	

2022 Quality Improvement Work Plan

Sponsor	Business Owner	QI Activity/Initiatve	Goal/Justification	Q1, 2022	Q2, 2022	Q3, 2022	Q4, 2022	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	**Annual QI Program Evaluation**	Conduct an annual written evaluation of the QI program that includes: 1. A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service 2. Trending of measures to assess performance in the quality and safety of clinical care and quality of service 3. Analysis and evaluation of the overall effectiveness of the QI program and of its progress toward influencing network wide safe clinical practices	2021 Program Eval, 2022 Program Description and Work Plan under development to present at April 28, HCQC meeting.	Present Trilogy Documents at April 28, HCQC meeting.	On Track	Initial Planning for 2023 Documents AAH will insource M2M / ASD 4/1/23 Elements of the BH program will be added into the Draft QIPD Q1, 2023	All Sub-Committees and HCQC	Q2 2023	AAH will insource BH 4/1/23
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. Medical Director Name: Sanjay Bhatt	**Inter-rater Reliability (IRR) Continuation-Annual**	Ensure the monitor the consistency and accuracy of review criteria applied by all clinical reviewers - physicians and non-physicians - who are responsible for conducting clinical reviews and to act on improvement opportunities identified through this monitoring. PERFORMED FEB 2022	PQI IRR Audit - RN Review Nurses & QI & UM Medical Directors. Target Goal of 90%. All participants passed with score of 100%.	No Activity	Next IRR scheduled for Feb 2023	On Track; IRR Scheduled-completed Feb 2023	Internal Quality Improvement Commite	3/31/2022	

Member Experience

Sponsor	Business Owner	Topic	Goal	Q1, 2022	Q2, 2022	Q3, 2022	Q4, 2022	Subcommittee	Projected Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Access to Care Manager Name: Loc Tran	**CG-CAHPS Survey Continuation (Quarterly)**	Ensure that quarterly survey questions align with DMHC timely access and language requirements to evaluate member clinical & group satisfaction/experience with Timely Access Standards - Office Wait Time, Call Return Time, Time to Answer Call. To ensure that the survey results are actionable while maintaining the availability of benchmarking metrics for analysis and implementation of improvement opportunities. *Starting Q3, 2022 the compliance threshold goal has changed from 80% to 70% for Call Return Time and Time to Answer Call.	**Call Return Time 4th Quarter 2021** Numerator: 403 Denominator: 490 Compliance Rate: 82.2% Goal Met: Y Gap to goal: 0% **In office Wait Time** 4th Quarter 2021 Numerator: 902 Denominator: 983 Compliance Rate: 91.8% Goal Met: Y **Time to Answer Call** 4th Quarter 2021 Numerator: 720 Denominator: 960 Compliance Rate: 75.0% Goal Met: N Gap to goal: 5.0%	Report 2021 Results at May 18, 2022 A&A Sub-Committee. Call Return Time 1st Quarter 2022 Numerator: 735 Denominator: 957 Compliance Rate: 76.8% Goal Met: N Gap to goal: 3.2% In office Wait Time 1st Quarter 2022 Numerator: 1,703 Denominator: 1,838 Compliance Rate: 92.7% Goal Met: Y Time to Answer Call 1st Quarter 2022 Numerator: 1,058 Denominator: 1,374 Compliance Rate: 77% Goal Met: N Gap to goal: 3%	Call Return Time 2nd Quarter 2022 Numerator: 436 Denominator: 612 Compliance Rate: 71.2% Goal Met: N Gap to goal: 8.8% In office Wait Time 2nd Quarter 2022 Numerator: 1,074 Denominator: 1,163 Compliance Rate: 92.3% Goal Met: Y Time to Answer Call 2nd Quarter 2022 Numerator: 584 Denominator: 756 Compliance Rate: 77.2% Goal Met: N Gap to goal: 2.8%	Call Return Time 3rd Quarter 2022 Numerator: 989 Denominator: 1,329 Compliance Rate: 74.4% Goal Met: Y In office Wait Time 3rd Quarter 2022 Numerator: 2,201 Denominator: 2,397 Compliance Rate: 91.8% Goal Met: Y Time to Answer Call 3rd Quarter 2022 Numerator: 1,400 Denominator: 1,899 Compliance Rate: 73.7% Goal Met: Y	Access to Care Sub-Committee Health Care Quality Committee	3/31/2022	

2022 Quality Improvement Work Plan

Sponsor	Business Owner	QI Activity/Initiatve	Goal/Justification	Q1, 2022	Q2, 2022	Q3, 2022	Q4, 2022	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	**Annual QI Program Evaluation**	Conduct an annual written evaluation of the QI program that includes: 1. A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service 2. Trending of measures to assess performance in the quality and safety of clinical care and quality of service 3. Analysis and evaluation of the overall effectiveness of the QI program and of its progress toward influencing network wide safe clinical practices	2021 Program Eval, 2022 Program Description and Work Plan under development to present at April 28, HCQC meeting.	Present Trilogy Documents at April 28, HCQC meeting.	On Track	Initial Planning for 2023 Documents AAH will insource M2M / ASD 4/1/23 Elements of the BH program will be added into the Draft QIPD Q1, 2023	All Sub-Committees and HCQC	Q2 2023	AAH will insource BH 4/1/23
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Access to Care Manager Name: Loc Tran	**Provider Satisfaction Survey Continuation (Annual)**	Annually, measures provider and staff satisfaction/experience with the health plan and department services. To ensure that the survey meets NCQA requirements and is effective, direct, and actionable while maintaining the availability of benchmarking metrics for analysis and implementation of improvement opportunities. **Fields Oct - December 2022**	Results received Jan 10, 2022. Overall Satisfaction Plan Rating 77.3% down by 7.7 points from 2020 -85.0%. Met or significantly higher scores compared to SPH Comm. and Aggregate BoB. Results shared with COO/CEO for review and evaluation of next steps. Meet with vendor SPH 3/28 for deeper dive dicsussion related to decrease in scores. Will investigate and schedule meeting to share deeper dive results. Will share results at May 18, 2022 A&A Sub-committee meeting	Report 2021 Results at May 18, 2022 A&A Sub-Committee.	On Track	Awaiting results from vendor	Access to Care Sub-Committee Health Care Quality Committee	01/30/2022	
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Access to Care Manager Name: Loc Tran	**CAHPS 5.1 (Member Satisfaction Survey) Continuation (Annual)**	Measures member experience with health plan and affiliated providers. To ensure that the annual survey aligns with NCQA standards and is effective, direct, and actionable while maintaining the availability of benchmarking metrics for analysis and implementation of improvement opportunities for member experience. **Fields Feb. - May of 2022**	2021 reults Highest and lowest Measure for all LOB identified. Cross-functional workgroups developed Improvement Action Plans for implementation. Results presented at 2/16/2022 A&A Sub-Committee	QI to assist with PDSA development for Q3 reporting to A&A Committee	Final report for MY 2021 presented on 9/21/2022 A&A Sub-Committee Next Step-Discussion and development of improvement strategies with internal stakeholders	Data received from vendor Report has been created by the A&A team Report has been presented at A&A Sub-Committee Q3, 2022 Met with internal SME to review data Follow up meeting to be scheduled Q1, 2023 Slide deck / Report to be submitted to DHCS Q1, 2023	Access to Care Sub-Committee Health Care Quality Committee	12/30/2021	

2022 Quality Improvement Work Plan

Sponsor	Business Owner	QI Activity/Initiatve	Goal/Justification	Q1, 2022	Q2, 2022	Q3, 2022	Q4, 2022	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	**Annual QI Program Evaluation**	Conduct an annual written evaluation of the QI program that includes: 1. A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service 2. Trending of measures to assess performance in the quality and safety of clinical care and quality of service 3. Analysis and evaluation of the overall effectiveness of the QI program and of its progress toward influencing network wide safe clinical practices	2021 Program Eval, 2022 Program Description and Work Plan under development to present at April 28, HCQC meeting.	Present Trilogy Documents at April 28, HCQC meeting.	On Track	Initial Planning for 2023 Documents AAH will insource M2M / ASD 4/1/23 Elements of the BH program will be added into the Draft QIPD Q1, 2023	All Sub-Committees and HCQC	Q2 2023	AAH will insource BH 4/1/23
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Access to Care Manager Name: Loc Tran	**After Hours Care Continuation (Annual)**	Audits provide after hours protocols (Emegency Instructions/Access to Provider) and availability according to DMHC/NCQA methodology/standards for PCP, Spec. and BH providers. To ensure that the survey is effective, direct, and actionable while maintaining the availability of benchmarking metrics for analysis and implementation of improvement opportunities. **Fields Oct - Nov 2022**	PCPs had the highest level of compliance in the survey in 2021. oPCPs and Specialist providers were the only provider groups that showed an increase in compliance in 2021. o2021 compliance rate for BH providers decreased by 14% from 2020 NEXT ACTION STEPS Share results with Delegate and Direct entities Share results with Provider Services and FSR staff to incorporate as part of provider and office staff education for identification of barriers and improvement opportunities. CAPs to be sent to non-compliant providers CAPs are issued at the delegate level CAPs are issued at the direct provider level Results presented at 2/16/2022 A&A& Sub-Committee	On Track	On Track	Awaiting results from vendor	Access to Care Sub-Committee Health Care Quality Committee	12/30/2021	

2022 Quality Improvement Work Plan

Sponsor	Business Owner	QI Activity/Initiatve	Goal/Justification	Q1, 2022	Q2, 2022	Q3, 2022	Q4, 2022	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	**Annual QI Program Evaluation**	Conduct an annual written evaluation of the QI program that includes: 1. A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service 2. Trending of measures to assess performance in the quality and safety of clinical care and quality of service 3. Analysis and evaluation of the overall effectiveness of the QI program and of its progress toward influencing network wide safe clinical practices	2021 Program Eval, 2022 Program Description and Work Plan under development to present at April 28, HCQC meeting.	Present Trilogy Documents at April 28, HCQC meeting.	On Track	Initial Planning for 2023 Documents AAH will insource M2M / ASD 4/1/23 Elements of the BH program will be added into the Draft QIPD Q1, 2023	All Sub-Committees and HCQC	Q2 2023	AAH will insource BH 4/1/23
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Access to Care Manager Name: Loc Tran	**Initial Pre-Natal Visits Continuation (Annual)**	To ensure that the survey aligns with DHCS requirements and is effective, direct, and actionable while maintaining the availability of benchmarking metrics for analysis and implementation of improvement opportunities related to OB/GYN appts offered according to Timely Access Standards. **Fields Sep - Nov.**	Numerator: 30 Denominator: 41 Compliance Rate: 73.2% Goal: 75% Goal Met: N Gap to Goal: 1.8% Establish a workgroup in collaboration with Provider Relations and Data Analytics to conduct a PDSA for the following: 1.Non-Responding providers/delegates: oProvider education regarding the First Pre-Natal Visit survey and regulatory requirements. A&A will issue corrective action plans (CAPs) to non-responding providers beginning Q2 2022. 2.Ineligible providers: oThe list of ineligible providers will be shared with Provider Services and the Data Analytics department with the intent of ensuring optimal provider database integrity to generate a reliable provider sample. 3.Non-Compliant Providers / delegates / groups: oProvider education regarding the First Pre-Natal Visit survey and regulatory requirements. A&A will issue corrective action plans (CAPs) to non-responding providers beginning Q2 2022.	Report 2021 Results at May 18, 2022 A&A Sub-Committee. Evaluate assessment of PCP and Spec Timely Acess Standards	9/8/22: Non-PAAS Caller Training - Completed 9/19/22:Non- PAAS Fax/mail will begin 9/26/22 – 11/14/22: Fielding Non-PAAS Calls	Fielding ongoing Results expected Q2, 2023	Access to Care Sub-Committee Health Care Quality Committee	3/31/2022	

2022 Quality Improvement Work Plan

Sponsor	Business Owner	QI Activity/Initiatve	Goal/Justification	Q1, 2022	Q2, 2022	Q3, 2022	Q4, 2022	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	**Annual QI Program Evaluation**	Conduct an annual written evaluation of the QI program that includes: 1. A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service 2. Trending of measures to assess performance in the quality and safety of clinical care and quality of service 3. Analysis and evaluation of the overall effectiveness of the QI program and of its progress toward influencing network wide safe clinical practices	2021 Program Eval, 2022 Program Description and Work Plan under development to present at April 28, HCQC meeting.	Present Trilogy Documents at April 28, HCQC meeting.	On Track	Initial Planning for 2023 Documents AAH will insource M2M / ASD 4/1/23 Elements of the BH program will be added into the Draft QIPD Q1, 2023	All Sub-Committees and HCQC	Q2 2023	AAH will insource BH 4/1/23
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Access to Care Manager Name: Loc Tran	**Oncology Survey Continuation (Annual)**	To ensure that the survey aligns with DHCS requirements and is effective, direct, and actionable while maintaining the availability of benchmarking metrics for analysis and implementation of improvement opportunities related to timeliness of Oncology routine and urgent care appointments. **Fields Sep - Nov.**	**Urgent Appts** Numerator: 16 Denominator: 19 Compliance Rate: 84.2% Goal: 75% Goal Met: Y **Non-Urgent** Numerator: 15 Denominator: 19 Compliance Rate: 78.9% Goal: 75% Goal Met: Y establish a workgroup in collaboration with Provider Relations and Data Analytics to conduct a PDSA for the following: •Non-Responding providers/delegates: oProvider education regarding the Oncology Visit survey and regulatory requirements. A&A will issue corrective action plans (CAPs) to non-responding providers beginning Q2 2022. •Ineligible providers: oThe list of ineligible providers will be shared with Provider Services and the Data Analytics department with the intent of ensuring optimal provider database integrity to generate a reliable provider sample. •Non-Compliant Providers / delegates / groups: oProvider education regarding the Oncology Visit survey and regulatory	Report 2021 Results at May 18, 2022 A&A Sub-Committee PAAS Methodology reviewed	9/8/22: Non-PAAS Caller Training - Completed 9/19/22:Non- PAAS Fax/mail will begin 9/26/22 – 11/14/22: Fielding Non-PAAS Calls	Fielding ongoing Results expected Q2, 2023	Access to Care Sub-Committee Health Care Quality Committee	3/31/2022	
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Access to Care Manager Name: Loc Tran	**PAAS (Provider Appt Availability Survey) Continuation (Annual)**	To ensure that the annual survey aligns with DMHC requirements to assess appointment availabilty is effective, direct, and actionable while maintaining the availability of benchmarking metrics for analysis and implementation of improvement opportunities. **Fields Aug - Dec. 2022**	2021 Results undergoing analysis and report development for presentation at May 18, 2022 A&A Sub-committee meeting	Report 2021 Results at May 18, 2022 A&A Sub-Committee PAAS Methodology reviewed	7/29/22: PAAS Caller Training - Completed 8/1/22: PAAS Fax/mail will begin 8/8/22 – 12/31/22: Fielding PAAS Calls	Fielding ongoing Results expected Q2, 2023	Access to Care Sub-Committee Health Care Quality Committee	End of Q4	

2022 Quality Improvement Work Plan

Sponsor	Business Owner	QI Activity/Initiatve	Goal/Justification	Q1, 2022	Q2, 2022	Q3, 2022	Q4, 2022	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	**Annual QI Program Evaluation**	Conduct an annual written evaluation of the QI program that includes: 1. A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service 2. Trending of measures to assess performance in the quality and safety of clinical care and quality of service 3. Analysis and evaluation of the overall effectiveness of the QI program and of its progress toward influencing network wide safe clinical practices	2021 Program Eval, 2022 Program Description and Work Plan under development to present at April 28, HCQC meeting.	Present Trilogy Documents at April 28, HCQC meeting.	On Track	Initial Planning for 2023 Documents AAH will insource M2M / ASD 4/1/23 Elements of the BH program will be added into the Draft QIPD Q1, 2023	All Sub-Committees and HCQC	Q2 2023	AAH will insource BH 4/1/23

Health Education

Sponsor	Business Owner	QI Activity/Initiatve	Goal/Justification	Q1, 2022	Q2, 2022	Q3, 2022	Q4, 2022	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Health Education Program Handouts and Referrals**	Objective 1: (PHM): Make health education programs and information available to 100% of Alliance members in 2022. Objective 2: (PHM) Distribute upon request health education program listings and health education handouts to 100% of members and providers who request information in 2022.	Objective 1: Received 59 unique requests from wellness forms, HRA/CM mailing responses, Member Services calls and provider referals. Objective 2: In Q1 2022, 59 members received health education information and program referrals.	Objective 1:Newsletter with Wellness form mailed to all members in June 2022. Objective 2: In Q1 2022, 98 members received health education information and program referrals.	Objective 1: Class letter updates submitted. Objective 2: In Q3 2022, 83 members received health education information and program referrals.	Q4 Objective 2: In Q4 2022, 77 members received health education information and program referrals. 2022 Objective 1: 100% Objective 2: 100%; 304 members received health education information and program referral	Internal Quality Improvement Committee/Health Care Quality Committee		Linda Ayala Director of Pop. Healty and Equity
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Childhood Obesity (Health Equity)**	Objective 1: Launch Kurbo and healthy weight resources. Objective 2 (Health Equity): Connect 100 pediatric members 50% Hispanic (Latino) with healthy weight resources between January 1, 2022 and June 30, 2023.	Objective 1: Discussed with comliance, legal, Kurbo, to answer concerns/questions regarding protection of minors. OK from Drs. Bhatt and Juan to move forward. Objective 2: 15 members, 100% Hispanic, received Nutrition Education at La Clinica de la Raza in Q1 2022.	Objective 1: Received input from Compliance, will move forward with VM to contract with Kurbo. Completed member and provider tools. Objective 2: 7 pediatric Hispanic members received counseling from La Clinica in Q2.	Objective 1: Kurbo program was discontinued. ACPHD continuing to develop cookbook. Exploring RD options. Objective 2: 9 Hispanic members received nutrition education from La Clinica de La Raza in Q3 2022.	Q4 Objective 1: Discussing FindHelp as an option for listing resources. Objective 2: 7 Hispanic members received nutrition education from La Clinica de La Raza in Q4 2022 [December pending]. 2022 Objective 1: Kurbo program was discontinued but Health Education continued to explore resources. Objective 2: 10 members requested healthy eating, exercise, and weight materials for themselves and/or child in 2022 (3 Hispanic). 39 members received nutrition education from La Clinica (36 Hispanic). [December invoice still pending]	Internal Quality Improvement Committee/Health Care Quality Committee		Linda Ayala Director of Pop. Healty and Equity

2022 Quality Improvement Work Plan

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Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	**Annual QI Program Evaluation**	Conduct an annual written evaluation of the QI program that includes: 1. A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service 2. Trending of measures to assess performance in the quality and safety of clinical care and quality of service 3. Analysis and evaluation of the overall effectiveness of the QI program and of its progress toward influencing network wide safe clinical practices	2021 Program Eval, 2022 Program Description and Work Plan under development to present at April 28, HCQC meeting.	Present Trilogy Documents at April 28, HCQC meeting.	On Track	Initial Planning for 2023 Documents AAH will insource M2M / ASD 4/1/23 Elements of the BH program will be added into the Draft QIPD Q1, 2023	All Sub-Committees and HCQC	Q2 2023	AAH will insource BH 4/1/23
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Pregnancy and Baby Care (Health Equity)**	Objective 1 (PHM): Distribute pregnancy and baby care resources and referrals to 100% of all identified pregnant and postpartum members Objective 2 (Health Equity): Refer 100% of identified Black or Pacific Islander pregnant members into ACPH culturally tailored perinatal programs.	Q1 Prenatal Mailings: 999 Postpartum mailings: 608 Black Infant Health: 163 Pacific Islander Program: 21	Q2 Prenatal Mailings – 1,023 Postpartum mailings – 563 Black Infant Health – 191 Pacific Islander Program – 16 prenatal and 4 postpartum	**Q3** Prenatal Mailings – 1,012 Postpartum mailings – 590 Black Infant Health – 150 Pacific Islander Program – 31 prenatal and 20 postpartum	Q4 Prenatal Mailings – 994 Postpartum mailings – 527 Black Infant Health – 156 Pacific Islander Program – 21 prenatal and 12 postpartum 2022 Objective 1: 100% Objective 2: 100% Prenatal Mailings – 4,028 Postpartum mailings – 2,288 Black Infant Health – 660 Pacific Islander Program – 89 prenatal and 47 postpartum	Internal Quality Improvement Committee/Health Care Quality Committee		Linda Ayala Director of Pop. Healty and Equity
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Smoking Cessation**	(PHM) Increase rate of CAHPS adult tobacco users who were advised to quit from the 2021 rate of 75.6% to 78.0% and discussed medications with their doctor from the 2021 rate of 48.8% to 51.5% by December 31, 2022.	Crossdepartmental meeting scheduled for July 13, 2022, to review annual tobacco report and disucss strategies.	Member newsletter went out with article on smoking cessation. Attended UC Quits MCP Tobacco Cessation Workgroup Call on 4/7/2022.	Held Tobacco Cessation Workgroup Meeting on July 27 and reviewed member utilization and treatment data with Pharm., QI, HED and CM. Discussed activities for 2022-2023. Next workgroup meeting planned for 2/2023.	Q4 Submitted newsletter article for spring/summer 2023 about hookah; quit smoking also included in article about preterm birth. Submitted provider quarter packet for Q1 2023 about tobacco treatment challenges. 2022 MY 2022 not yet available; MY 2021 results: Advised to quit - 71.1% Medi-Cal, 77.8% Group Care Discussed medications - 50.0% Medi-Cal, 48.6% Group Care	Internal Quality Improvement Committee/Health Care Quality Committee		Linda Ayala Director of Pop. Healty and Equity
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Lactation Supports**	Expand lactation supports for members through 1 additional contract for services.	a. Working with WIC Breastfeeding liaison to connect with south and east county hospital lacation servcies. b.Dr. O'Brien approved EPIC WIC project. c. Exploring telehealth as another option.	a.WIC Breastfeeding Liason assisted in connecting with Washington and Valleycare. Valleycare meeting is scheduled. B. Funded EPIC WIC project. c. Telehelath option still under exploration.	a. Met with Valley Care & Washington. ValleyCare not ready to contract; Washington pending response. b. LA tracking progress with WIC/CHCN re: OCHIN infant feeding integration. Collaborators identified and meeting regularly.	Q4 Continued conversations with WIC re: telehealth for lactation LA. OCHIN updates are completed re: infant feeding. Exporing OCHIN enhancement for BF referrals. 2022 This objective was not successful, however pursued a new strategy to enhance lactation supports, through funding of OCHIN EPIC infanting feeding.	Internal Quality Improvement Committee/Health Care Quality Committee		Linda Ayala Director of Pop. Healty and Equity

2022 Quality Improvement Work Plan

Sponsor	Business Owner	QI Activity/Initiatve	Goal/Justification	Q1, 2022	Q2, 2022	Q3, 2022	Q4, 2022	Subcommittee	Project Due Date	Monitoring of Previously Identified Issues
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	**Annual QI Program Evaluation**	Conduct an annual written evaluation of the QI program that includes: 1. A description of completed and ongoing QI activities that address quality and safety of clinical care and quality of service 2. Trending of measures to assess performance in the quality and safety of clinical care and quality of service 3. Analysis and evaluation of the overall effectiveness of the QI program and of its progress toward influencing network wide safe clinical practices	2021 Program Eval, 2022 Program Description and Work Plan under development to present at April 28, HCQC meeting.	Present Trilogy Documents at April 28, HCQC meeting.	On Track	Initial Planning for 2023 Documents AAH will insource M2M / ASD 4/1/23 Elements of the BH program will be added into the Draft QIPD Q1, 2023	All Sub-Committees and HCQC	Q2 2023	AAH will insource BH 4/1/23
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Member Wellness Library**	Update content, design and format for Alliance wellness library.	All materials are updated and translations complete. 33% are available for distribution, pending carebook printing and C&O as of 3/31/2022.	67% available for distribution, pending carebook printing in non-English languages and a few handouts.	Presentations to CM, IQIC, HCQC, and Provider Services regarding updated materials.	Submitted Health Education provider packet piece to Provider Relations, due for publication in Q1 2023.	Internal Quality Improvement Committee/Health Care Quality Committee		Linda Ayala Director of Pop. Healty and Equity
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Member Wellness Library**	Automate Wellness Mailing through KP vendor. Automation will reduce COVID exposures, reduce staff workload, and increase speed in distributing member requests.	Held discussions regarding C&O recommended methodology (HS SR) for automated mailings with impacted departments (HED, Member Services, C&O).	Discussed automation plans with Member Services. Next steps are pending input from MSR Supervisors.	Communications is updating care book formatting for printing and posting on the website.	Recognized competing organization priorities. Submitted project to IPD department to support conversion.	Internal Quality Improvement Committee/Health Care Quality Committee		Linda Ayala Director of Pop. Healty and Equity
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Population Needs Assessment (PNA)**	Complete the 2022 Population Needs Assesment and submit to DHCS by June 30, 2022.	On target to comlete by June 30, 2022. Data run, preliminary analysis complete, 2021 action plan reivew and MAC input are completed, and 2022 action planning underway.	PNA submitted on time and approved.	Presentations to MAC, IQIC, and HCQC on PNA findings and action plan. Met with chronic disease and prevention groups to review action plan. Next check-in will be 1/2023.	Completed in Q3	Internal Quality Improvement Committee/Health Care Quality Committee		Linda Ayala Director of Pop. Healty and Equity
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Disease Mangement Living your Best Life with Asthma**	(PHM) The number of Alliance members with diabetes who engage with the Alliance regarding self-management of their asthma will increase by 20% from 61 members in 2021 to 73 members in 2023.	Letters for asthma and diabetes outreach are with the State. Workflows, assessment and TruCare notes are in progress. Participation will be tracked beginning Q2 2022.	Letters for asthma and diabetes outreach are with the State. Workflows, assessment, TruCare notes pop health report updates are in progress. Participation will be tracked beginning Q4 2022.	Updated Program descriptions - CMO approval. Program systems updates postponed to integrate additional PHM requirements.	. 46 members received asthma education materials in 2022. We did not meet our goal due to changes in delay in launch of Disease Management Program.	Internal Quality Improvement Committee/Health Care Quality Committee		Linda Ayala Director of Pop. Healty and Equity
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Disease Mangement Living your Best Life with Diabetes**	(PHM) The number of Alliance members with diabetes who engage with the Alliance regarding self-management of their diabetes will increase by 20% from 180 members in 2021 to 216 members in 2023.	Letters for asthma and diabetes outreach are with the State. Target date for mail campaign is July, 2022. Workflows, TruCare assessments, and notes are in progress. Participation will be tracked beginning Q2 2022.	Letters for asthma and diabetes outreach are with the State. Workflows, assessment TruCare notes, and pop health report updates are in progress. Participation will be tracked beginning Q4 2022.	Updated Program descriptions - CMO approval. Program systems updates postponed to integrate additional PHM requirements.	118 members participated in health coaching (9 members) or Diabetes Self-Management Education and Support (109 members). Did not meet CDCH9 MPL 42.89% as of January 5th, 2023 for measurement year 2022. This is worse than the MPL 39.9%.	Internal Quality Improvement Committee/Health Care Quality Committee		Linda Ayala Director of Pop. Healty and Equity
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Disease Management Pediatric Asthma**	(PHM) The number of Alliance members ages 0 – 18 with asthma whose parents engage with the Alliance regarding self-management of their child's asthma will increase by 20% from 136 in 2021 to 162 in 2023. (Approx 40/quarter)	Q1 23 participants in Asthma Remediation (Based on Quarterly Asthma Start Case Completion Report)	Q2 11 participants received Asthma Remediation services. (Process is significantly different from previous system. Will need to change expectations for members served.)	RAMP, CFMG presentations. Reestablished weekly Benioff CHO ED referrals. Updating ER and Pop Health reports to meet Asthma Start requirements. 25 participants in Q3 of 2022.	11 participants in Q4 of 2022 67 participants in all of 2022.	Internal Quality Improvement Committee/Health Care Quality Committee		Linda Ayala Director of Pop. Healty and Equity

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Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Disease Management Adult Asthma (Health Equity)**	(PHM) Increase HEDIS Asthma Medication Ratio (AMR) measure from 49.17% in Measurement Year 2020 to Measurement Year 2020 MPL of 62.43% for Black (African American) adults ages 19 to 64.	70% (119/170) for MY 2022. Completed phone call campaign. Ideas -coordinate with DM mailings, prioritize this subgroup, make outbound calls. Send Asthma Book. This objective will end June 1, 2022. Asthma Affinity project will end and it has been removed from the MCAS measures for MY2022.	Project completed.	Project Completed.	Pending 2022 data.	Internal Quality Improvement Committee/Health Care Quality Committee		Linda Ayala Director of Pop. Healty and Equity

Cultural and Linguistic Servcies

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Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Member Cultural and Linguistic Assessment**	Assess the cultural and linguistic needs of plan enrollees.	January CLS Meeting 1/26/2022 - No actions	April CLS Meeting 4/27/2022 - No actions April HCQC Meeting 4/28/2022 Provider Availability to Meet CL Needs of Members reviewed.	Q3 CLS Meeting 8/11/2022 No actions	Q4 CLS Meeting 10/2/2022 No Actions. 2022 No significant issues to report. Member C&L needs have been stable throughout 2022. A growth in use of interpreter services has occurred as a result as offices offering more in person appointments as the public health emergency winds down.	Cultural and Linguistic Services Committee/Health Care Quality Committee	By end of January, April, July, October 2022	
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**anguage Assistance Servic**	Reach or exceed an average fulfillment rate of ninety-five percent (95%) or more for in-person, video and telephonic interpreter services.	Q1 2022 - 98.28% Fulfillment Rate	Q2 2022 - 97.03% Fulfillment Rate	Q3 2022 - 96.81%, met metric of 95%.	Q4 Pending 2022 The Alliance continues to meet it's performance metric for filling interpreter services requests.	Cultural and Linguistic Services Committee/Health Care Quality Committee	By end of January, April, July, October 2022	
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Provider Lanaguge Capacity (Member Satisfaction)**	Based on the Member CG-CAHPS Survey 81% of adult members and 88% of child members who need interpreter services will report receiving a non-family qualified interpreter through their doctor's office or health plan.	Pending Q1 Data Presented 2021 CG CAHPS Data at CLS	Q4 2021 - Adult 84.4%, Children 93% met metric. To be presented at CLS future meetings	Q1 2022 -Adult 81.1%, Child 92.6% Q2 2022 Adult 84.7%, Child 91.7%	Q3 Adult 76.8%, Child 93.4% 2022 Met goal for all but adults in third quarter 2022. Small numerator makes the results volatile.	Cultural and Linguistic Services Committee/Health Care Quality Committee	December 2022	
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Provider Lanaguge Capacity (Provider Network)**	Establish a goal for provider to member ratio by language.	Q2 Activity	To discuss in Q3 CLS Committee Meeting.	Moved discussion to Q4 meeting.	Committee discussed and decided not to create a goal, but first see if required by NCQA.	Cultural and Linguistic Services Committee/Health Care Quality Committee	July 2022	

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Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Staff Cultural Sensitivity Training**	96% of Alliance staff and 100% of new staff (within 90 days of hire) will participate in the Cultural Sensitivity training.	Q3 - 4 implementation	Q3 - 4 implementation Meeting with presenters Completion of slidedeck	The 2022 Cultural Sensitivity Training was rolled out to all Alliance Staff on 9/19/2922 for completion by 12/31/2022	99% combined staff completion for yearly CST training. This goal was met.	Cultural and Linguistic Services Committee/Health Care Quality Committee	December 2022	
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Provider Cultural Sensitivity Training**	90% of new Providers will complete the New Provider Orientation, including the Cultural Sensitivity training and C&L processes within 90 days of becoming an Alliance provider.	Q3 & 4 Implementation	Q3 & 4 Implementation	Montior in Q4.	100% completion rate for providers attesting to completion of CST requirements in New Provider Orientation. This goal was met.	Cultural and Linguistic Services Committee/Health Care Quality Committee	December 2022	
Title: Sr. QI Director Name: () Title: Sr. Medical Director Name: Sanjay Bhatt	Title: Director of Pop. Health and Equity Name: Linda Ayala	**Member Advisory Committee**	Recruit 3 new members (male, 19 – 44, Asian, Latinx, and African American are priorities) for the Member Advisory Committee.	Three candidates will be considered by the MAC in June. (Male with a disability, parent of 24 year old with disabilities, African American woman)	Member Advisory Committee accepted two new members, one male, and one caregiver of a young adult member with a disability. Both new members are disability advocates.	Accepted two new members at 9/15/2022 meeting, two parents of children/young adults with disabilities.	Q4 Accepted two new members at 12/13/2022 meeting, adding represetation for black members and members with English as a second language (Mam/Spanish). 2022 Recruited 6 new members to the Member Advisory Committee representing male, Black, Latinx, and young adult members.	Cultural and Linguistic Services Committee/Health Care Quality Committee	September 2022	